PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS EORM

COMPANY REINSTATEMENT  COMPANY REINSTATEMENT  COMPANY  Secretary of State  DIVISION OF CORPORATIONS	10 FEB 12 PM 2: 45 SECRETARY OF STATE TALLAHASSEE. FLORIDA
DOCUMENT # 40 4000022428*  1. Limited Liability Company's Name	
Thysical Therapy To You UC	<b>700168752817</b> 02/15/1001027011 **416.25
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address	CR2E041 (1/07)
1030 Ko komo Paylin	4. State/Country of Formation
Suite, Apt. #, etc. Suite, Apt. #, etc.	5. Date Organized or Qualified
City & State City & State	To Do Business in Florida 3 24 2004
Delray Boach F7	6. FEI Number Applied For Not Applied be
Zip Country Zip Country	7. \$5.00 Additional Fee required
8- Name and Address of Current Registered Agent	for a Certificate of Status
Name 7	TA \$100 reinstatement fee is imposed, except
Street Address (P.O. Box Number is Not Acceptable)	/in circumstances which the entity did not
1036 Kokomo Kay Lave	receive the prior notices. By checking this box, you are certifying the prior notices were
Suite, Apt. #, Etc.	not received and requesting the \$100 reinstatement be waived.
Detray Bear FL 3848	100000000000000000000000000000000000000
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.	
Signature of Registered Agent Date 2/10/2010	
10. Names and Street Addresses of Managing Members/Managers	
Titles Name of Street Address of Each Managing Members/ Managers Managing Member/ Managers	
Gail Levine MGRM 1030 Colomo Kee In Wellay Bolite	
	33,483
	JB
g-lainea belsoith.not	REINSTATEMENT 2008-10
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.	
Signature of Managing Member/Manager Aut Jun Date 2/10/2015 sytime Phone # 56/558-6654	
Typed or printed name of signing Managing Member/Manager	